

County: Rock
 BELOIT HEALTH/REHABILITATION CENTER
 1905 WEST HART ROAD

Facility ID: 1500

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BELOIT 53511 Phone: (608) 365-2554
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/01): 148
 Total Licensed Bed Capacity (12/31/01): 148
 Number of Residents on 12/31/01: 139

Ownership:
 Highest Level License:
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 140

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		32.4
Supp. Home Care-Personal Care	No					1 - 4 Years		51.8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	5.8	More Than 4 Years		15.8
Day Services	No	Mental Illness (Org./Psy)	7.9	65 - 74	7.2			-----
Respite Care	No	Mental Illness (Other)	3.6	75 - 84	40.3			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	37.4	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	9.4	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.7		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	10.1		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	21.6	65 & Over	94.2	-----		
Transportation	No	Cerebrovascular	9.4		-----	RNs		6.8
Referral Service	No	Diabetes	3.6	Sex	%	LPNs		9.9
Other Services	No	Respiratory	14.4		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	28.8	Male	25.2	Aides, & Orderlies		
Mentally Ill	No		-----	Female	74.8			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care			Total Resi - dents	% Of All		
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)					
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	14	100.0	283	96	98.0	101	0	0.0	0	27	100.0	144	0	0.0	0	0	0.0	0	137	98.6
Intermediate	---	---	---	2	2.0	84	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.4
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	14	100.0		98	100.0		0	0.0		27	100.0		0	0.0		0	0.0		139	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				

Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally Dependent	Total Number of Residents
Private Home/No Home Health	1.9	Daily Living (ADL)	Independent	One Or Two Staff		
Private Home/With Home Health	0.4	Bathing	0.7	90.6	8.6	139
Other Nursing Homes	1.2	Dressing	19.4	70.5	10.1	139
Acute Care Hospitals	96.1	Transferring	28.1	61.2	10.8	139
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	25.2	71.2	3.6	139
Rehabilitation Hospitals	0.0	Eating	71.9	23.7	4.3	139
Other Locations	0.4	*****				
Total Number of Admissions	257	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	7.9	Receiving Respiratory Care		15.1
Private Home/No Home Health	24.3	Occ/Freq. Incontinent of Bladder	49.6	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	12.0	Occ/Freq. Incontinent of Bowel	37.4	Receiving Suctioning		0.7
Other Nursing Homes	3.1			Receiving Ostomy Care		0.0
Acute Care Hospitals	32.0	Mobility		Receiving Tube Feeding		4.3
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	2.9	Receiving Mechanically Altered Diets		31.7
Rehabilitation Hospitals	0.0					
Other Locations	7.7	Skin Care		Other Resident Characteristics		
Deaths	20.8	With Pressure Sores	11.5	Have Advance Directives		89.9
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	259			Receiving Psychoactive Drugs		54.0

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	94.6	82.7	1.14	83.8	1.13	84.3	1.12	84.6	1.12
Current Residents from In-County	92.1	82.1	1.12	84.9	1.09	82.7	1.11	77.0	1.20
Admissions from In-County, Still Residing	17.1	18.6	0.92	21.5	0.80	21.6	0.79	20.8	0.82
Admissions/Average Daily Census	183.6	178.7	1.03	155.8	1.18	137.9	1.33	128.9	1.42
Discharges/Average Daily Census	185.0	179.9	1.03	156.2	1.18	139.0	1.33	130.0	1.42
Discharges To Private Residence/Average Daily Census	67.1	76.7	0.88	61.3	1.10	55.2	1.22	52.8	1.27
Residents Receiving Skilled Care	98.6	93.6	1.05	93.3	1.06	91.8	1.07	85.3	1.16
Residents Aged 65 and Older	94.2	93.4	1.01	92.7	1.02	92.5	1.02	87.5	1.08
Title 19 (Medicaid) Funded Residents	70.5	63.4	1.11	64.8	1.09	64.3	1.10	68.7	1.03
Private Pay Funded Residents	19.4	23.0	0.84	23.3	0.83	25.6	0.76	22.0	0.88
Developmentally Disabled Residents	0.0	0.7	0.00	0.9	0.00	1.2	0.00	7.6	0.00
Mentally Ill Residents	11.5	30.1	0.38	37.7	0.31	37.4	0.31	33.8	0.34
General Medical Service Residents	28.8	23.3	1.23	21.3	1.35	21.2	1.36	19.4	1.48
Impaired ADL (Mean)	39.4	48.6	0.81	49.6	0.79	49.6	0.79	49.3	0.80
Psychological Problems	54.0	50.3	1.07	53.5	1.01	54.1	1.00	51.9	1.04
Nursing Care Required (Mean)	7.9	6.2	1.28	6.5	1.22	6.5	1.21	7.3	1.08